

EXTERNAL UST SYSTEM RELEASE DETECTION WELL FORM

**KENTUCKY
DEPARTMENT
FOR
ENVIRONMENTAL
PROTECTION**

Please mail completed form to:
**DIVISION OF WASTE MANAGEMENT
 UNDERGROUND STORAGE TANK BRANCH
 200 FAIR OAKS, 2ND FLOOR
 FRANKFORT, KENTUCKY 40601
 502-564-5981
<http://waste.ky.gov/ust>**

**FOR STATE USE
ONLY**

1. Site Owner Information

Site Owner Name: _____
 Mailing Address: _____
 City: _____
 Phone: _____

 Well Number: _____

5. Driller Information

Drilling Company: _____
 Company Address: _____
 City: _____
 State, Zip: _____
 Driller's Signature: _____
 Date: _____
 Driller's Certification Number: _____
 (Groundwater Wells Only)

2. General Well Construction

Start Date : _____ Finish Date: _____
 UST System Release Detection
 Method: _____
 Groundwater Monitoring: _____
 Vapor Monitoring: _____
 Secondary Containment: _____
 Installation Method: _____
 Surface Elevation: _____
 Total Depth of Well: _____
 Depth to Groundwater: _____
 Seasonal Groundwater Levels: _____
 Tank Depth(s): _____

**6. Well Construction Sketch
(Attach additional sheet if needed)****3. Well Construction Information**

Feet Below Surface

From	To	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

**7. Site Sketch Map
(Show relation of well to UST system)****4. Backfill or Lithologic Log**

From	To	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Site Information

Site Name: _____
 Mailing Address: _____
 City: _____
 Phone: _____